| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 26E256 | A. Building<br>B. Wing | 08/22/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Johnson County Care Center | 122 East Market Street<br>Warrensburg, MO 64093 |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|

F 0686

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Few

Provide appropriate pressure ulcer care and prevent new ulcers from developing.

**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 09895

Based on observation, interview and record review, the facility failed to ensure a policy and a physician's order that addressed the settings for a low air loss mattress (LAL - a mattress with an air pump designed to distribute the patient's body weight over a broad surface area to prevent and treat pressure wounds) for one sampled resident (Resident #25) with an unstageable (not stageable due to coverage with dead tissue) pressure ulcer, failed to complete weekly wound/skin assessments to include detailed descriptions of the wounds, measurements, and accurate staging of the pressure ulcer (localized damage to the skin and/or underlying soft tissue usually over a bony prominence) and failed to update the resident's care plan to reflect the current stage of the resident's pressure ulcer, out of 17 sampled residents. The facility census was 69 residents.

Review of the facility Pressure Ulcer Treatment Policy and Procedure, dated 2007 showed:

-Reduce or eliminate causative factors including pressure.

-The policy identified treatment recommendations for different stages of wounds but did not discuss or identify recommendations for unstageable wounds.

Review of the facility Ulcer Documentation policy dated 2021 showed:

-Document the stage of the ulcer.

-An ulcer with intact eschar (dead tissue that is hard or soft, usually black, brown, or tan in color, and may appear scab-like, and is usually firmly adherent to the base of the wound) should be noted as unstageable due to eschar formation.

A low air loss mattress policy was requested and not received.

1. Review of Resident #25's quarterly Minimum Data Set (MDS - a federally mandated assessment tool required to be completed by facility staff for care planning), dated 3/18/24 showed:

-He/She was severely cognitively impaired.

-He/She no pressure ulcers and no other skin conditions.

Review of the residents Hospice (end of life care) Visit Note, dated 5/20/24 showed:

(continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 26E256 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 08/22/2024 |
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| F 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | -He/She had a lateral right upper buttock Stage 2 (partial thickness skin loss presenting as a shallow open sore with a red or pink wound bed, may also present as a fluid filled blister) pressure ulcer.<br><br>-The documentation did not include a detailed description of the wound, the wound bed, or any measurements.<br><br>Review of the residents Hospice Visit Note, dated 5/22/24 showed he/she had a lateral right upper buttock Stage 2 pressure ulcer that measured 0.8 centimeters (cm) X 0.75 cm X 0.0 deep.<br><br>Review of the resident's Licensed Nurse Weekly Skin assessment dated [DATE] showed:<br><br>-He/She had an open ulcer on his/her right buttock.<br><br>-The documentation did not include a detailed description of the wound, including type of ulcer and stage of ulcer, the wound bed, or any measurements.<br><br>Review of the resident's Licensed Nurse Weekly Skin assessment dated [DATE] showed:<br><br>-He/She had an open ulcer on his/her right buttock.<br><br>-The documentation did not include a detailed description of the wound, including type of ulcer and stage of ulcer, the wound bed, or any measurements.<br><br>Review of the residents Hospice Visit Notes, dated 5/26/24, 5/30/24, 6/3/24, 6/5/24, 6/10/24 showed:<br><br>-He/She had a lateral right upper buttock Stage 2 pressure ulcer.<br><br>-The documentation did not include a detailed description of the wound, the wound bed, or any measurements.<br><br>Review of the resident's Physician's Visit, dated 6/11/24 showed no mention of the resident's skin/open ulcers.<br><br>Review of the facility Weekly Wound Tracking form dated 6/12/24 showed:<br><br>-The resident had a right hip stage 4 (full thickness issue loss with exposed bone, tendon or muscle) pressure ulcer that measured 1.5 cm X 1.5 cm with no depth (Note: a Stage 4 pressure ulcer would have measurable depth), no drainage and had granulation tissue (granular pink or red moist vascular connective tissue formed on the surface of a healing wound).<br><br>-The type of wound was incorrectly identified as a stasis ulcer.<br><br>-The documentation did not include a detailed description of the wound, or the wound bed.<br><br>-The documentation did not indicate if the right hip wound was a new wound, or when the wound was acquired.<br><br>(continued on next page) |

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| F 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | -The documentation did not include any information on the resident's previously documented lateral upper buttock stage 2 pressure ulcer.<br><br>-No documentation a wound/skin assessment was completed between 5/30/24 through 6/12/24.<br><br>Review of the resident's quarterly MDS, dated [DATE] showed:<br><br>-He/She was severely cognitively impaired.<br><br>-He/She had one Stage II pressure ulcer.<br><br>-His/Her skin and pressure ulcer treatments included a pressure reducing device for his/her bed.<br><br>-He/She was receiving hospice services.<br><br>Review of the facility's Weekly Wound Tracking form dated 6/26/24 showed:<br><br>-The resident had a right hip unstageable wound that measured 1.5 cm X 1.5 cm, no drainage and had granulation tissue (granular pink or red moist vascular connective tissue formed on the surface of a healing wound)<br><br>-The type of wound was incorrectly identified as a stasis ulcer.<br><br>-The wound description said only pink surrounding pale center.<br><br>-The documentation did not include a detailed description of the wound, or the wound bed.<br><br>-The documentation did not include any information on the resident's previously documented lateral upper buttock stage 2 pressure ulcer.<br><br>-No documentation a wound/skin assessment was completed between 6/12/24 through 6/26/24.<br><br>Review of the resident's care plan dated 6/26/24 showed:<br><br>-The resident had potential for pressure ulcer development.<br><br>-Goals that he/she would have no skin breakdown and that would have intact skin, free of redness, blisters or discoloration.<br><br>-No mention of the resident's unstageable pressure ulcer.<br><br>-No mention of the resident's LAL mattress settings. The LAL mattress was an intervention but there was no instruction regarding the settings or to monitor the settings.<br><br>Review of the facility's Weekly Wound Tracking form dated 7/10/24 showed:<br><br>-Measurements of 1.0 cm X 2.1 cm and depth of 0.5 cm and treatment completed by hospice in the notes section of the form.<br><br>(continued on next page) |

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| F 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | -The documentation did not include a detailed description of the wound, including type of ulcer and stage of ulcer, the wound bed and location of the wound.<br><br>-No documentation a wound/skin assessment was completed between 6/26/24 through 7/10/24.<br><br>Review of the resident's weight record showed he/she weighed 182.7 pounds on 7/11/24.<br><br>Review of the resident's electronic medical record (EMR) showed the following physician's order, dated 7/20/24:<br><br>-Hospice services dated 2/17/24.<br><br>-Cleanse right hip with wound cleanser, apply pixie dust (a powdered antibiotic applied directly to a wound), pack with calcium alginate with silver (a highly absorbent wound dressing with antimicrobial properties to prevent and treat wound infection), cover with calcium alginate with silver and adhesive dressing, change daily and as needed.<br><br>-There was no physician's order for a LAL mattress.<br><br>-No treatment orders for the resident's right buttock pressure ulcer.<br><br>Review of the residents Hospice Visit Note, dated 7/22/24 showed:<br><br>-His/her Stage 2 pressure ulcer on his/her lateral right upper buttock was restaged to Stage 3 (full thickness tissue loss, fat may be visible, slough may be present but does not obscure the depth of tissue loss).<br><br>-Measurements were 2.0 cm X 2.5 cm and had a depth of 0.9 cm.<br><br>-The documentation did not include a detailed description of the wound, or the wound bed.<br><br>-The documentation did not include any information on the resident's previously documented right hip pressure ulcer.<br><br>-No documentation a wound/skin assessment was completed between 7/10/24 through 7/22/24.<br><br>Review of the facility's Weekly Wound Tracking form dated 7/24/24 showed:<br><br>-The resident had a right hip unstageable wound that measured 2.0 cm X 2.0 cm and a depth of 0.5 cm no depth.<br><br>-The wound had odor, moderate drainage and a dark center.<br><br>-The type of wound was incorrectly identified as a stasis ulcer.<br><br>-The documentation did not include any information on the resident's previously documented right buttock pressure ulcer.<br><br>(continued on next page) |

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| F 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Review of the facility's Weekly Wound Tracking form, dated 7/31/24 showed:<br><br>-The resident had a right hip unstageable wound that measured 2.2 cm X 2.0 cm and a depth of 0.6 cm.<br><br>-The wound had moderate drainage and an open red center.<br><br>-The type of wound was incorrectly identified as a stasis ulcer.<br><br>-The documentation did not include any information on the resident's previously documented right buttock pressure ulcer.<br><br>Review of the Licensed Nurse Weekly Skin Assessment, dated 8/13/24 showed:<br><br>-A circle on the resident's right hip and pressure sore written with a line connecting to the circled area.<br><br>-The box to indicate there were open ulcers and a comment section with treatment ordered.<br><br>-The documentation did not include a detailed description of the wound, the wound bed, the stage of the pressure ulcer or measurements.<br><br>-The documentation did not include any information on the resident's previously documented right buttock pressure ulcer.<br><br>-No documentation a wound/skin assessment was completed between 7/31/24 through 8/13/24.<br><br>Review of the facility's Weekly Wound Tracking form, dated 8/14/24 showed:<br><br>-The resident had a right buttock wound (no stage identified) that measured 2.0 cm X 2.5 cm and had a depth of 0.5 cm.<br><br>-There was moderate drainage, no odor, and the wound had granulation tissue (the pink-red moist tissue that fills an open wound, when it starts to heal).<br><br>Observation on 8/19/24 at 9:49 A.M. showed the resident was up in his/her Broda chair (A specialized medical device comfort cushioned chair that can tilt for positioning and reduces heat and moisture and relieves pressure).<br><br>Observation on 8/21/24 at 9:38 A.M. showed:<br><br>-The resident was lying in bed on his/her back.<br><br>-His/Her LAL mattress was set at 350 pounds.<br><br>Review of the resident's Physician's Orders Sheet (POS) Active Orders as of 8/21/24 showed:<br><br>-No order for the resident's LAL mattress or settings for the LAL mattress.<br><br>(continued on next page) |

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| F 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | -Cleanse right hip with wound cleanser, apply pixie dust (a powdered antibiotic applied directly to a wound), pack with calcium alginate with silver (a highly absorbent wound dressing with antimicrobial properties to prevent and treat wound infection), cover with calcium alginate with silver and adhesive dressing, change daily and as needed.<br><br>--NOTE: The treatment order had not been updated regarding packing the pressure ulcer after the resident's pressure ulcer became unstageable.<br><br>Observation and interview on 8/21/24 at 10:02 A.M. showed:<br><br>-The resident was lying in bed on his/her LAL mattress.<br><br>-The setting on the LAL mattress was 350 pounds.<br><br>-He/She had an unstageable pressure ulcer on his/her right buttock that was approximately nickel sized and was greater than 90% covered with with slough.<br><br>-The wound nurse applied Pixie dust, then calcium alginate to the surface of the resident's unstageable pressure ulcer.<br><br>--NOTE: The order was for the nurse to apply pixie dust, then pack the wound with calcium alginate with silver, then cover the wound with calcium alginate with silver and adhesive dressing.<br><br>-While completing the resident's pressure ulcer treatment, the facility Wound Nurse said the resident had a pressure ulcer on his/her right buttock that was unstageable because it was covered with eschar; he/she did not monitor the settings on the resident's LAL mattress.<br><br>During an interview on 8/22/24 at 9:37 A.M. Licensed Practical Nurse (LPN) A said:<br><br>-He/She did not look at the settings on the resident's LAL mattress.<br><br>-He/She did not know what the setting should be; it would be good to know that so that a happy medium could be found between what was comfortable for the resident and the resident's weight.<br><br>-The resident's LAL mattress should not be set at 350 pounds; the resident did not weigh 350 pounds.<br><br>-There was nothing in place for the settings on the resident's LAL mattress, nothing that identified what the setting should be and nothing regarding monitoring the setting.<br><br>-The resident's LAL mattress was not on his/her physician's orders in the resident's electronic medical record (EMR) orders.<br><br>-He/She did not know why the resident's LAL setting should not be on the resident's physician's orders or at least on the resident's care plan; there was no physician's order for the resident's LAL mattress; he/she did not know if the resident's care plan addressed his/her LAL mattress.<br><br>(continued on next page) |

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| F 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | -If there had been a LAL mattress physician's order in his/her EMR, it could have included the settings and to monitor the settings; had there been such a physician's order, then monitoring the settings for the resident's LAL mattress settings could have been on the resident's Treatment Administration Record (TAR).<br><br>Review of the resident's TAR on 8/22/24 showed there was no documentation regarding the resident's LAL mattress settings.<br><br>During an interview on 8/22/24 at 10:11 A.M. the MDS/Care Plan Coordinator said:<br><br>-He/She was aware the resident had an unstageable pressure ulcer.<br><br>-He/She hoped he/she would have updated the resident's care plan to show his/her pressure ulcer was unstageable; he/she could not recall if he/she had updated the resident's care plan to include the current stage of the resident's pressure ulcer.<br><br>-If the current stage of the resident's pressure ulcer was not in the resident's care plan, then his/her care plan should have been updated to show his/her pressure ulcer was unstageable.<br><br>During an interview on 8/22/24 at 10:40 A.M. the Director of Nursing (DON) said:<br><br>-The resident had an unstageable pressure ulcer.<br><br>-There should have been a physician's order for the resident's LAL mattress<br><br>-He/she did not recall that LAL mattresses with pressure ulcers were set to a resident's weight.<br><br>-The resident's care plan should have included the current stage of the resident's pressure ulcer.<br><br>-Care plans should be individualized and he/she audited care plans quarterly.<br><br>During an interview on 8/22/24 at 11:42 A.M. the DON said all pressure ulcer documentation should have included the type of wound, the stage and location of the wound and a full description of the wound bed, drainage, odor, and measurements of the wound.<br><br>Telephone messages were left with the resident's physician on 9/3/24 at 2:10 P.M.:36 A.M. and on 9/4/24 at 8:36 A.M. and at 11:50 A.M. As of 4:00 P.M. no return call had been received. |

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| F 0693<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.<br><br>09895<br><br>Based on observation, interview and record review, the facility failed to utilize a tube feeding policy that instructed licensed nursing staff regarding the current professional standard for verifying correct placement of gastrostomy (G-tube - surgical creation of a permanent opening into the stomach through the skin for the introduction of nourishment and fluids through a tube; also known as feeding tube) tubes failed to ensure and document measurement of the resident's feeding tube to ensure correct placement and to ensure the resident's physician's order was correct and that the resident's tube feeding infused in accordance with the physician's order for one sampled resident (Resident #1) out of 17 sampled residents. The facility census was 69 residents.<br><br>Review of https://www.ncbi.nlm.nih.gov/books/NBK593216/ the National Institutes of Health, National Library of Medicine, Enteral (also known as tube feeding) Tube Management, dated 2021 showed:<br><br>-The placement of an enteral tube is immediately verified after insertion by an X-ray; after X-ray verification, the tube should be marked to indicate the point on the tube where the feeding tube penetrates the abdominal wall; the mark or number on the tube at the entry point should be documented in the resident's medical record.<br><br>-At the start of every shift, nurses evaluate if the incremental marking or external tube length has changed. If a change is observed, bedside tests such as visualization or pH testing of tube aspirate can help determine if the tube has become dislocated. If in doubt, a radiograph should be obtained to determine tube location.<br><br>-Older methods of checking tube placement included observing aspirated (using a syringe, a tube with a nozzle and piston or bulb for sucking in and ejecting liquid) contents or the administration of air with a syringe while auscultating listening with a stethoscope (a medical instrument for listening to sounds in the body) - however, research has determined these methods are unreliable and should no longer be used to verify placement.<br><br>Review of the facility Procedure for Tube Care policy, section on Verification of Tube Placement, undated showed:<br><br>-Check for tube graduation marks if present (Note: there was no instruction to note the mark at the point the tube entered and document that mark in the resident's medical record).<br><br>-Aspirate and monitor gastric residuals (the volume of fluid remaining in the stomach at a point in time during tube feeding) with a syringe.<br><br>-Inject air into the tube with a syringe and listening for air bubbles in the stomach with a stethoscope.<br><br>Review of the facility Continuous Enteral Tube Feeding, undated showed:<br><br>(continued on next page) |

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| F 0693<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | -No instruction regarding what the physician's orders should include, i.e. the amount of tube feeding to infuse, the time period for the tube feeding infusion/the number of hours for the tube feeding to infuse/run stop times for the tube feeding.<br><br>-Check placement of feeding tube by injection air into the tube and listening with a stethoscope over the stomach.<br><br>Review of the facility Tube Feeding Protocol, dated 2022 showed:<br><br>-Verify the physician's order for tube feedings.<br><br>-Verification of tube placement shall be done by aspirate of a small amount of gastric contents.<br><br>-Note: the policy did not instruct staff to verify correct placement by measuring and documenting the length of the feeding tube.<br><br>1. Review of Resident #1's electronic medical record (EMR) showed the following order, dated 2/29/24:<br><br>-Jevity (tube feeding formula) 1.5 calories, 30 milliliters (ml) per hours every night shift for supplement.<br><br>-The physician's order did not specify an amount of tube feeding to be infused or what time period for the resident's tube feeding to infuse, i.e. how many hours for the resident's tube feeding to infuse or what time to start and end the resident's tube feeding.<br><br>Review of the resident's care plan, dated 7/10/24 showed the resident's care plan did not include the method and frequency for checking for correct placement of the resident's gastrostomy tube and the rate and duration or daily amount of tube feeding the resident was to receive.<br><br>Review of the resident's Registered Dietitian's (RD) note, dated 8/14/24 showed:<br><br>-He/She visited the resident in his/her room and his/her tube feeding was on 30 ml/hr.<br><br>-The resident's weight was stable and he/she was tolerating his/her tube feeding without problems.<br><br>-The RD would continue to monitor the resident.<br><br>Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment tool required to be completed by facility staff for care planning), dated 8/15/24 showed:<br><br>-He/She was severely cognitively impaired.<br><br>-He/She had a feeding tube and received greater than 51% of his/her calories via tube feeding and more that 501 cc fluids via his/her feeding tube daily.<br><br>(continued on next page) |

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| F 0693<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | -He/She had a diagnosis of cerebral palsy (a brain disorder that happens when areas of the brain that control movement and posture do not develop correctly or get damaged; it may cause difficulty eating due to problems with chewing, swallowing, and sucking).<br><br>Observation on 8/19/24 at 9:37 A.M. showed:<br><br>-The resident was lying in bed.<br><br>-His/Her tube feeding was connected and running at 30 ml/hour (hr.).<br><br>Observation on 8/20/24 at 9:46 A.M. showed:<br><br>-The resident was lying in bed.<br><br>-His/Her tube feeding was connected and not infusing (the pump was not running).<br><br>Observation and interview on 8/20/24 at 11:08 A.M. showed:<br><br>-The resident was lying in bed.<br><br>-His/Her tube feeding was connected and not infusing; there was no change in the amount of tube feeding in the tube feeding bag.<br><br>-Without assessing placement of the resident's feeding tube, the Director of Nursing (DON) disconnected the resident's tube feeding tubing (the tubing that delivers the tube feeding formula from the pump to the G-tube) from his/her G-tube, attached a syringe to the end of the resident's G-tube and poured approximately 30 ml of water into the resident's G-tube, followed by approximately 40 ml of water.<br><br>-The DON said that when he/she checks G-tube placement he/she used a stethoscope, injected about 30 cubic centimeters (cc) of air into the tube with a syringe and listened over the G-tube insertion area for a bubbly sound; another method that could be used was to attach a syringe with plunger (the piston that expels contents in the syringe/pulls contents into the syringe) to the G-tube, pull back on the plunger and check for check for gastric (stomach/intestine) contents.<br><br>-The DON said he/she had missed checking the resident's G-tube placement because he/she had left his/her stethoscope in his/her office; checking the placement of the G-tube was the most important part of G-tube care.<br><br>Observation on 8/21/24 at 1:14 P.M. showed:<br><br>-The resident was lying in bed.<br><br>-His/Her tube feeding was connected and running at 30 ml/hour (hr.).<br><br>During an interview on 8/22/24 at 10:40 A.M. Licensed Practical Nurse (LPN) A said:<br><br>-The resident's tube feeding was 30 ml continuously around the clock.<br><br>(continued on next page) |

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| NAME OF PROVIDER OR SUPPLIER Johnson County Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 122 East Market Street Warrensburg, MO 64093 | |

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| F 0693<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | -When asked, he/she checked the physician's order in the resident's electronic medical record (EMR) and said the order was not correct, the physician's order was supposed to be for his/her tube feeding to be at 30 ml continuously around the clock.<br><br>-The physician's order for the resident's tube feeding must have been entered incorrectly into the resident's EMR.<br><br>-He/She would find the hard copy of the resident's tube feeding physician's order and ensure that the resident's tube feeding order matches what the physician had ordered.<br><br>During an interview on 8/22/24 at 8:02 A.M. the MDS Care Plan Coordinator said:<br><br>-He/She worked shifts in the facility both nights and days on both floors.<br><br>-He/She would aspirate to check the residents feeding tube placement.<br><br>-Aspiration was the only method he/she knew of to check for correct feeding tube placement.<br><br>-He/She would not have put the method of checking the resident's feeding tube placement in the resident's care plan.<br><br>During an interview on 8/22/24 at 10:40 A.M. the DON said:<br><br>-He/She had not known that the professional standard for checking placement of feeding tubes was to look at and document the length of the tube.<br><br>-He/She had always checked G-tube placement by listening and/or aspirating.<br><br>-He/She had just been made aware of an issue with the resident's tube feeding order and the order was in the process of being corrected; the physician's order for tube feeding should have previously been noted to be incorrect; licensed nurses check physician's orders monthly and resident physician's review and verify orders monthly. |

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| F 0699<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide care or services that was trauma informed and/or culturally competent.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 19016<br><br>Based on interview and record review, the facility failed to provide Trauma Informed Care (TIC - an approach to delivering care incorporating knowledge about trauma into care plans, policies, and practices to avoid re-traumatization) assessment and care planning for two sampled residents (Resident #18 and Resident #53) out of 17 sampled residents. Residents #18 and #53 were diagnosed with Post Traumatic Stress Disorder (PTSD - an anxiety disorder that can develop after a person experiences or witnesses a traumatic event. Symptoms of PTSD can include outbursts, disturbed sleep, distressing memories and thoughts about the event, and emotions such as fear, anger, guilt, and shame, which can be severe enough to interfere with one or more aspects of daily life). The facility census was 69 residents.<br><br>Review of the facility's Trauma Informed Care policy, dated 2022 showed:<br><br>-Provide self-assessment and trauma questionnaire by Social Services designee or the admitting staff before admitting to the facility. The self-assessment is updated every three years.<br><br>-Screening for trauma exposure and related symptoms for newly admitted resident using the Brief Trauma Questionnaire for screening.<br><br>-Address the assessment and findings into the care plan to prevent triggers.<br><br>-Establish a trauma-informed committee to address the program.<br><br>-All staff, including direct care staff, is trained/has ongoing training in trauma informed care. Staff trained in trauma informed care should:<br><br>--Understand trauma and the principles of TIC.<br><br>--Know the impact of trauma on a resident's life.<br><br>--Know strategies to mitigate the impact of trauma.<br><br>--Understand re-traumatization and its impact.<br><br>-Procedures include:<br><br>--Incorporate the Brief Trauma Questionnaire into the admission package.<br><br>--Interview the resident/family about trauma-related events or experiences.<br><br>--Report to the Care Team for developing a focused individual plan for the resident.<br><br>--Inform staff of care approaches.<br><br>--The assessment and Plan of Care for trauma will be in the medical records.<br><br>(continued on next page) |

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F 0699

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Few

-Attached to the TIC policy were the following:

--Brief Trauma Questionnaire in which the resident was to be asked 10 questions related to past trauma.

--PTSD Checklist - Civilian Version related to signs and symptoms of PTSD.

--Evaluation for Psychological Well-Being - History of Trauma Care Plan needs.

1. Review of Resident #18's Admission Record showed the resident was admitted to the facility on [DATE] with diagnoses that included PTSD.

Review of the resident's Pre-Admission Screening and Resident Review (PASRR), Level II (a person-centered evaluation completed for anyone identified by the PASRR Level I screening as having or suspected of having a serious mental illness (SMI), intellectual disability (ID), developmental disability (DD) or related condition (RC). It confirms whether the individual has a SMI or ID/DD/RC; assesses the individual's need for Medicaid certified nursing facility services; and assesses whether the individual requires specialized services.), dated [DATE] showed the resident:

-Was diagnosed with PTSD.

-Had other psychiatric diagnoses.

-Had PTSD as a result of extensive sexual abuse in his/her past.

-Had psychiatric symptoms and history including: anxiety; isolating self from others, keeping his/her head down in public; wringing his/her hands and pacing; withdrawn and depressed, suspiciousness and paranoia; had a history of extensive sexual abuse in his/her younger years and substance abuse starting at age 18; long term psychiatric history of alcohol and drug abuse, mental health issues and homelessness.

-Felt his/her long struggle with depression and suicidal ideation was a result of extensive past sexual abuse.

-Liked plants and flowers, drawing and coloring.

-Communicated he/she was abused his/her whole life and was afraid of people. People say they are your friends, but they are not. He/She felt safe in his/her room.

-Did not meet the criteria for dementia to the extent he/she would not benefit from specialized services.

-Had needs which could be met in a Nursing Facility (NF).

-Had needs for a behavioral support plan, medication management, and structured environment providing a schedule.

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| F 0699<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | -Needed a crisis intervention plan that provided emotional support, education, safety planning, and case management to handle an immediate crisis that identified clear steps to support the individual during a crisis. The plan should specify who to contact for assistance, how staff should work together with the individual during a crisis, and when the physician or emergency services should be contacted.<br><br>-The following supports and services were to be provided by the NF: Behavioral Support Plan, structured environment, crisis intervention services, discharge planning, medication therapy, Activities of Daily Living (ADL - dressing, grooming, bathing, eating, and toileting) program, and personal support network.<br><br>Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff for care planning), dated [DATE] showed the resident:<br><br>-Was cognitively intact.<br><br>-Did not have inattention, disorganized thinking, or altered level of consciousness.<br><br>-Felt down and depressed and bad about himself/herself more than half of days.<br><br>-Was always socially isolated.<br><br>-Had psychiatric and mood disorders including PTSD.<br><br>Review of the resident's Mood Care Plan, initiated [DATE] showed the resident:<br><br>-Had Major Depression (MD - a state of intense sadness or despair that has advanced to the point of being disruptive to an individual's social functioning and/or activities of daily living).<br><br>-Anxiety (anticipation of impending danger and dread accompanied by restlessness, tension, fast heart rate, and breathing difficulty not associated with an apparent stimulus).<br><br>-Personality Disorder (a class of mental disorders characterized by maladaptive behavior patterns which are developed early and are associated with significant distress).<br><br>-PTSD.<br><br>-The plan did not have interventions specific to the resident's TIC needs. There was no information related to:<br><br>--Contributing factors to the resident's past trauma.<br><br>--Triggers associated with his/her past trauma.<br><br>--Steps staff should take to mitigate triggers.<br><br>--How the resident typically responded when triggered by past trauma.<br><br>(continued on next page) |

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| F 0699<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | --How staff could assist the resident if he/she was triggered or had emotional distress related to past trauma.<br><br>-The plan showed behavioral health consults as needed, but did not specify if the services would include addressing the resident's PTSD needs.<br><br>Review of the resident's comprehensive Care Plan, updated [DATE], showed there was no PTSD care plan and no interventions in any other individual care plan specifically related to the resident's TIC/PTSD needs.<br><br>Review of the resident's Psychotherapy Progress Note, dated [DATE] showed:<br><br>-Therapy was focused on his/her diagnoses of major depressive disorder and anxiety disorder. His/Her PTSD was not mentioned.<br><br>-The resident wanted to restore his/her relationship with multiple family members and explore his/her use of art to help manage emotions and as a communication tool with his/her family.<br><br>During an interview on [DATE] at 1:06 P.M. the resident said:<br><br>-He/She was diagnosed with PTSD related to past sexual abuse during his/her childhood and sexual abused while in jail.<br><br>-One of his/her family members had overdosed on medications he/she was getting and died as a result. He/She always blamed himself/herself because he/she knew of the addiction problem and couldn't help the family member.<br><br>-He/She was still emotionally bothered by his/her past trauma, but couldn't identify any particular event that might trigger his/her PTSD.<br><br>-Nobody at the facility had ever asked him/her about his PTSD or past trauma.<br><br>-Drawing helped him/her manage his/her anxiety.<br><br>Review of the resident's medical record on [DATE] showed there was no documentation of the following:<br><br>-Brief Trauma Questionnaire.<br><br>-PTSD Checklist - Civilian Version.<br><br>-Psychological Well-Being - History of Trauma Care Plan evaluation.<br><br>During an interview on [DATE] at 11:26 A.M. Certified Medication Technician (CMT) A said:<br><br>-He/She often worked on the resident's floor.<br><br>-He/She was not aware the resident was diagnosed with PTSD.<br><br>(continued on next page) |

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| F 0699<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | -He/She didn't know how the resident reacted when triggered and didn't know how staff were supposed to respond when the resident was triggered.<br><br>-He/She didn't know what the resident's triggers were or what staff were supposed to do to try to prevent the resident from being triggered.<br><br>-He/She was not educated on trauma informed care.<br><br>During an interview on [DATE] at 12:06 P.M. the Social Services Director (SSD) said:<br><br>-The resident received psychiatric treatment and psychological counseling services at the facility. He/She was last seen for counseling on [DATE] and [DATE].<br><br>-According to the resident, he/she had a diagnosis of PTSD caused by childhood trauma. He/She didn't know the nature of the resident's trauma and figured the resident would tell him/her about it if he/she wanted to do so.<br><br>-He/She didn't know what the resident's triggers were.<br><br>-Since the resident had been at the facility staff hadn't reported the resident being triggered. He/She was not aware of any serious depression or reactions of fearfulness.<br><br>-The resident once saw a movie with kids in it and said he/she missed his/her family. Family members didn't want to have anything to do with him/her.<br><br>-It helped the resident's anxiety to sit and talk. The resident watched TV or went to his/her room to calm himself/herself.<br><br>-The resident had a Level II PASRR, but he/she didn't see any Level II recommendations.<br><br>During an interview on [DATE] at 9:34 A.M. Licensed Practical Nurse (LPN) A said:<br><br>-A resident diagnosed with PTSD should have a PTSD care plan which showed the resident's triggers.<br><br>-He/She hadn't seen any behaviors or reactions indicating the resident had been affected by PTSD.<br><br>During an interview on [DATE] at 8:08 A.M. the MDS Coordinator said:<br><br>-He/She was responsible for the MDS and care plans done upon admission and quarterly.<br><br>-If a resident was diagnosed with PTSD, it was part of their Behavior Care Plan (BCP). Behaviors related to diagnoses were documented in the BCP.<br><br>-If the resident was actively showing signs of PTSD they would have a PTSD care plan. They wouldn't have one just because they had the diagnosis. The plan should show the resident's triggers and behaviors.<br><br>-He/She assumed the Social Worker would do a TIC assessment.<br><br>(continued on next page) |

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| F 0699<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | -He/She wasn't familiar with trauma informed care.<br><br>During an interview on [DATE] the Director of Nursing (DON) said:<br><br>-The facility hadn't been doing the TIC assessment. It should be part of the admission packet and done quarterly or as needed.<br><br>-The MDS Coordinator was responsible for updating care plans which should be individualized.<br><br>-He/She was responsible for auditing the care plans quarterly.<br><br>-If a resident was diagnosed with PTSD they had been documenting that in the Behavior Care Plan. The care plan should show the resident's triggers and how staff can help mitigate triggers.<br><br>46890<br><br>2. Review of resident #53's Admission Record showed the resident was admitted to the facility on [DATE] with diagnoses that included PTSD.<br><br>Review of the resident ' s Behavioral Care Plan, revised on [DATE] showed the resident:<br><br>-Had anxiety.<br><br>-Depression.<br><br>-PTSD.<br><br>-Personality Disorder.<br><br>-The plan did not have interventions specific to the resident's TIC needs. There was no information related to:<br><br>--Contributing factors to the resident's past trauma.<br><br>--Triggers associated with his/her past trauma.<br><br>--Steps staff should take to mitigate triggers.<br><br>Review if the resident's quarterly MDS, dated [DATE] showed the resident:<br><br>-Was cognitively intact.<br><br>-Had psychiatric and mood disorders including PTSD.<br><br>Review of the resident Electronic Medical Record [DATE] showed there was no documentation of the following:<br><br>-Brief Trauma Questionnaire.<br><br>(continued on next page) |

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| F 0699<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | -PTSD Checklist - Civilian Version.<br><br>-Psychological Well-Being - History of Trauma Care Plan evaluation |

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| F 0727<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.<br><br>46890<br><br>Based on observation, interview, and record review, the facility failed to provide a Registered Nurse (RN) for eight consecutive hours per day seven days a week in the fourth quarter of the fiscal year for July 2023, August 2023, September 2023, in the first quarter of the fiscal year for October 2023, November 2023, December 2023 and in the second quarter of fiscal year for January 2024, February 2024, March 2024. The facility further failed to ensure the Director of Nursing (DON) was not serving as the charge nurse when the facility census was greater than 60 residents. This deficiency had the potential to affect all residents. The facility census was 69 residents.<br><br>A facility RN staffing policy and procedure was requested and not received prior to exit.<br><br>Review of the facility's Facility Assessment updated 8/2024 showed:<br><br>-Purpose to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies.<br><br>-The resident population characteristics include:<br><br>--Bowel and bladder incontinence; bedfast all or most of the time; chair fast all or most of the time; pressure ulcers (localized injury to the skin and/or underlying tissue over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction); hospice ( a comprehensive, holistic program of care and support for terminally ill patients and their families); tube feedings (a medical device used to provide nutrition to patients who cannot obtain nutrition); Injections; dementia (a progressive organic mental disorder characterized by chronic personality disintegration, confusion, disorientation, stupor, deterioration on intellectual capacity and function, and impairment of control of memory, judgement and impulse) and psychiatric/mood disorders.<br><br>1. Review of the Center for Medicare & Medicaid Services (CMS) Payroll Based Journal (PBJ) staffing data report from the Community Assessment for Public Health Emergency Response (CASPER) report 1705D for fiscal year quarter four 2023 (July 1st thru September 30th), fiscal year quarter one 2023 (October 1st thru December 1st) and fiscal year quarter two 2024 (January 1st thru March 1st) showed:<br><br>-Four or more days within the quarters with no RN hours for the following dates:<br><br>--Seven days in July 2023: 7/1/23- Saturday; 7/2/23- Sunday; 7/8/23- Saturday; 7/15/23- Saturday; 7/16/23- Sunday; 7/18/23- Tuesday; 7/23/23- Sunday; 7/29/23- Saturday.<br><br>--Five days in August 2023: 8/5/23- Saturday; 8/6/23- Sunday; 8/20/23- Sunday; 8/26/23- Saturday; 8/27/23- Sunday.<br><br>--Seven days in October 2023: 10/4/23- Saturday; 10/8/23- Sunday; 10/16/23- Monday; 10/21/23- Saturday; 10/22/23- Sunday; 10/26/23- Thursday; 10/28/23- Saturday; 10/29/23- Sunday.<br><br>(continued on next page) |

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| F 0727<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | --Eight days in November 2023: 11/4/23- Saturday; 11/5/23- Sunday; 11/12/23- Sunday; 11/16/23- Thursday; 11/17/23- Friday; 11/18/23- Saturday; 11/19/23- Sunday; 11/26/23- Sunday.<br><br>--Nine days in December 2023: 12/2/23- Saturday; 12/3/23- Sunday; 12/10/23- Sunday; 12/16/23- Saturday; 12/17/23- Sunday; 12/24/23- Sunday; 12/26/23- Tuesday; 12/30/23- Saturday; 12/31/23- Sunday.<br><br>--Six days in January 2024: 1/5/24- Friday; 1/6/24- Sunday; 1/7/24- Saturday; 1/20/24- Saturday; 1/27/24- Saturday; 1/28/24- Sunday.<br><br>--Five days in February 2024: 2/3/24- Saturday; 2/4/24- Sunday; 2/14/24- Wednesday; 2/24/24- Saturday; 2/25/24- Sunday.<br><br>--Twelve days in March 2024: 3/2/24- Saturday; 3/4/24- Monday; 3/8/24- Wednesday; 3/9/24- Friday; 3/10/24- Saturday; 3/16/24- Sunday; 3/17/24- Saturday; 3/18/24- Sunday; 3/23/24- Saturday; 3/24/24- Sunday; 3/31/24- Saturday; 3/30/24- Sunday.<br><br>2. Review of the facility staffing daily staffing schedule showed:<br><br>-On 8/20/24 the DON was scheduled to work the floor as the charge nurse. The facility census was 69 residents.<br><br>-On 8/22/24 the DON was scheduled to work the floor as the charge nurse. The facility census was 69 residents.<br><br>Observations during the survey from 8/18/24 - 8/22/24 showed:<br><br>-On 8/20/24 between 8:00 A.M. - 2:00 P.M., the DON was the charge nurse.<br><br>-On 8/22/24 between 8:00 A.M. - 12:00 P.M., the DON was the charge nurse.<br><br>During an interview on 8/22/24 at 10:09 A.M., the Administrator said:<br><br>-He/She was aware that not all days were covered with an RN for eight hours.<br><br>-He/She was still trying to hire more RN's.<br><br>During an interview on 8/22/24 at 10:25 A.M., the DON said:<br><br>-He/She was the only RN currently for the facility.<br><br>-He/She would expect there to be an RN in the facility for eight hours daily.<br><br>-He/She picks up hours working on the floors as the charge nurse since he/she is the only RN.<br><br>-The facility as an RN that works as needed (PRN), but he/she does not pick up very many hours. |

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| F 0732<br><br>Level of Harm - Potential for minimal harm<br><br>Residents Affected - Many | Post nurse staffing information every day.<br><br>46890<br><br>Based on observation, interview and record review, the facility failed to ensure staffing was posted correctly at the beginning of each shift including facility name, date, census, and total number and actual hours worked per shift which could have the potential to affect all residents in the facility. The facility census was 69 residents.<br><br>A facility policy was requested for staff posting and was not received prior to exit.<br><br>1. Observation on 8/18/24 at 10:32 A.M., showed the daily staffing with required information on staff titles and total hours worked was not posted on second or third floor.<br><br>Observation on 8/19/24 at 9:00 A.M., showed the daily staffing with required information on staff titles and total hours worked was not posted on second or third floor.<br><br>Observation on 8/20/24 at 12:02 P.M., showed the daily staffing with required information on staff titles and total hours worked was not posted on second or third floor.<br><br>During an interview on 8/22/24 at 8:08 A.M., the Minimum Data Set (MDS- a federally mandated assessment completed by the facility staff for care planning) Coordinator said:<br><br>-Staff titles and hours worked are posted by the employee time clock.<br><br>--NOTE: The employee time clock is on the first floor and not visible to the residents on the second or third floors.<br><br>-He/She did not know who was responsible for posting.<br><br>-He/She would expect it to be available for residents and visitors to view daily.<br><br>During an interview on 8/22/24 at 10:25 A.M., the Director of Nursing (DON) said:<br><br>-The Business Office Manager (BOM) was responsible for posting the staffing hours and titles daily outside his/her office daily.<br><br>-He/She would expect it to be visible for all residents and visitors on the second and third floor. |

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
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| F 0758<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.<br><br>09895<br><br>Based on interview and record review, the facility failed to ensure the physician responded to the pharmacist's recommendation for gradual dose reduction (GDR) for psychotropic (relating to or denoting drugs that affect a person's mental state) medication in a timely manner for one sampled resident (Resident #22) out of 17 residents. The facility census was 69 residents.<br><br>Review of the facility Pharmacy Services policy, undated showed:<br><br>-A consultant pharmacist makes monthly visits.<br><br>-The consultant pharmacist makes recommendations to the physician and to the facility about GDR.<br><br>-The Director of Nursing (DON) reviews and implements the monthly consultant pharmacist's recommendations.<br><br>-The physician is notified for GDR recommendations by the pharmacist.<br><br>-If there is no reason for the reduction of psychotropic medications, the physician should document the reason on the progress note or the recommendation responded form.<br><br>-The Nursing Department is responsible to implement the recommendations from the pharmacist or pharmacy consultant.<br><br>-Review the pharmacist's recommendations.<br><br>-Assign a licensed nurse to contact the physicians for the input of recommendations.<br><br>-Physician contact can be via telephone or Fax.<br><br>-Review the physician's input.<br><br>-If there is no reason for the recommendation of reduction in dosage for psychotropic medication, re-contact the physician.<br><br>-Implement the physician's orders.<br><br>1. Review of Resident #22's electronic medical record (EMR) showed the following current physician's orders:<br><br>-Olanzapine (antipsychotic medication) 10 milligrams (mg), one tablet at bedtime for hallucinations, dated 2/17/24.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 26E256 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 08/22/2024 |
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| F 0758<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | -Trazodone (antianxiety medication that can treat anxiety and insomnia - difficulty sleeping) 150 mg at bedtime for insomnia, dated 2/17/24.<br><br>-Olanzapine (antipsychotic medication) 5 mg, give one tablet one time a day for hallucinations, dated 2/17/24.<br><br>-Haloperidol decanoate (a long-acting form of Haloperidol given by infection) 100 mg/milliliter (ml), inject 2 ml intramuscularly (into a large muscle) every 25 days for behaviors and aggression, dated 3/16/24, dated 5/21/24.<br><br>-Haloperidol - antipsychotic - a medication used to manage hallucinations - sensing things such as visions, sounds, or smells that seem real but are not and delusions - fixed false beliefs based on an inaccurate interpretation of an external reality despite evidence to the contrary) 5 milligrams (mg) tablet, give one tablet three times a day for anger outbursts, agitation, dated 7/13/24.<br><br>Review of the resident's Consultant Pharmacist Recommendation to Physician, dated 7/16/24 showed:<br><br>-It was time to assess if there was a potential for gradual dose reduction of any or all of the following psychotropic medications if clinically appropriate:<br><br>-Escitalopram 20 mg once a day; consider a trial reduction to 10 mg every day: and/or:<br><br>-Olanzapine 5 mg every morning; consider a trial reduction to 2.5 mg every morning; and/or:<br><br>-Olanzapine 10 mg every bedtime; consider a trial reduction to 7.5 mg every bedtime; and/or:<br><br>-Trazodone 150 mg every day; consider a trial reduction to 125 mg every day; and/or:<br><br>-Haloperidol 5 mg three a day; consider a trial reduction to 5 mg twice every day and 2.5 mg every bedtime.<br><br>-There was no documented response from the physician on the form's areas for the physician's response.<br><br>Review of the resident's annual Minimum Data Set (MDS - a federally mandated assessment tool required to be completed by facility staff for care planning), dated 8/15/24 showed:<br><br>-He/She was severely cognitively impaired.<br><br>-He/She had symptoms of depression.<br><br>-He/She experienced hallucinations (had perceptual experiences in the absence of real sensory stimuli).<br><br>-He/She had no behavioral symptoms.<br><br>(continued on next page) |

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| F 0758<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | -He/She had diagnoses of anxiety disorder, depression, manic depression (bipolar disorder (a mental illness that causes unusual shifts in a person's mood, energy, activity levels and concentration; formerly known as manic-depressive illness or manic depression) and schizophrenia (a serious mental illness that affects how a person thinks, feels, and behaves).<br><br>-He/She received antipsychotic and antidepressant medications.<br><br>-A GDR had not been attempted.<br><br>-A GDR had not been documented by a physician as clinically contraindicated.<br><br>During an interview on 8/22/24 at 9:37 A.M. Licensed Practical Nurse (LPN) A said he/she had no responsibility for pharmacy recommendations or GDR's.<br><br>During an interview on 8/22/24 at 10:40 A.M. the Director of Nursing (DON) said:<br><br>-He/She was responsible for resident's pharmacy review and GDR recommendations.<br><br>-He/She took over that duty in April or May of 2024 after finding that pharmacy recommendations were not being addressed.<br><br>-The facility consultant pharmacist came to the facility on ce monthly.<br><br>-If a recommendation was made, the pharmacist emailed the recommendation to him/her and he/she then contacted the physician - if the physician said yes to the recommendation, then he/she made changes in the resident's EMR.<br><br>-If the physician said no to the recommendation there should have been a reason.<br><br>-If the physician did not give a reason for saying no to the pharmacist's recommendation, then he/she should have contacted the physician to get a reason the physician said no to the recommendation.<br><br>-He/She entered orders into the resident's EMR if f the physician said yes to pharmacy recommendations.<br><br>-GDRs were on a schedule determined by the physician and the pharmacist. |

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F 0880

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Many

Provide and implement an infection prevention and control program.

**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38452

Based on observation, interview, and record review, the facility failed to establish and maintain a comprehensive infection prevention and control program designed to help prevent the development and transmission of Legionella (A [NAME] of pathogenic Gram-negative bacteria that includes the species L. pneumophila, causing legionellosis, all illnesses caused by Legionell, including a pneumonia-type illness called Legionnaires' disease and a mild flu-like illness called Pontiac fever) and/or other water-borne pathogens (a bacterium, virus, or other microorganism that can cause disease), and failed to provide documented assessments for such an outbreak with accepted response protocols, in accordance with Centers for Medicare and Medicaid Services (CMS) guidelines. This deficient practice had the potential to affect all residents, visitors, volunteers, and staff who resided, visited, used, or worked in the facility. The facility also failed to have a system for tracking and monitoring infections in the facility for the previous 12 months and to ensure residents were tested upon admission and/or screened annually for tuberculosis (TB - a communicable disease that affects especially the lungs, that is characterized by fever, cough, difficulty in breathing, abnormal lung tissue and function) for two sampled residents (Resident #6 and #73) out of 17 sampled residents. The facility census was 69 residents.

1. Observation on 8/20/24 between 10:11 A.M. and 1:34 P.M. during the initial facility Life Safety Code (LSC) basement inspection with the Maintenance Supervisor (MS) showed the following:

-The facility was fully sprinklered and had its incoming water supply in the fire sprinkler riser room (A dedicated space for fire protection equipment).

-There was a kitchen with a three-sink area, a dish-washing machine, and a hand-washing sink.

-There was a laundry area with clothes washers.

Observation on 8/21/24 between 9:03 A.M. and 11:04 A.M. during the facility LSC walk-through inspection of the first floor with the MS showed there were gender specific public restrooms located on the west wall along with a Beauty Shop with a sink.

Observation on 8/21/24 between 11:04 A.M. and 1:27 P.M. during the facility LSC walk-through inspection of the second floor with the MS showed the following:

-There were at least 17 resident rooms with private or shared bathrooms and sinks.

-There were two Shower Rooms.

-There was a Janitor's Closet with a mop hopper and a Medication Room with a sink.

Observation on 8/21/24 between 1:27 P.M. and 2:47 P.M. during the facility LSC walk-through inspection of the third floor with the MS showed the following:

-There were at least 17 resident rooms with private or shared bathrooms and sinks.

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | -There were two Shower Rooms.<br><br>-There was a Janitor's Closet with a mop hopper and a Medication Room with a sink.<br><br>Review of the facility's maintenance folder entitled Legionella, last reviewed 8/1/23 and provided by the MS, showed the following:<br><br>-There was no facility-specific risk management plan assessment that considered all elements of the American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE) industry standard #188.<br><br>-There was no completed Centers for Disease Control (CDC) toolkit including control measures such as physical controls, temperature management, disinfectant level control, visual inspections, and environmental testing for pathogens, though the first page of their assessment stated to refer to it.<br><br>-There was no facility-specific infection prevention and control program or plan to deal with outbreaks of Legionella and/or other waterborne pathogens.<br><br>-There was a schematic, diagram, or flowchart of the facility's water system, but no written explanation of the water flow throughout the facility.<br><br>-There were no indications of possible stagnation locations throughout the facility on the flowchart, with assessments of each location's individual potential risk level.<br><br>-There were no facility-specific testing protocols and acceptable ranges for control measures with a method of monitoring them at this facility, with interventions or action plans for when control limits were not met.<br><br>-There was no documentation of any site log book being maintained with any cleanings, sanitizings, descalings, and inspections mentioned.<br><br>During an interview on 8/22/24 at 12:05 P.M. the MS said that he/she learned about the Legionella program requirements from the previous MS.<br><br>During an interview on 8/22/24 at 12:19 P.M. the Administrator said the following:<br><br>-The MS was responsible for implementing the Legionella program.<br><br>-The MS had been educated on it through their corporate office.<br><br>-He/She was aware of some of the basic requirements.<br><br>32720<br><br>2. Review of the facility Infection Control Surveillance policy dated 2018 showed:<br><br>-Separate infection tracking for those that occurred within the facility (facility-acquired) from those that were admitted to the facility with an infection.<br><br>(continued on next page) |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | -A systematic observation on the occurrence and distribution of facility-acquired infections for the purpose of prevention and control.<br><br>-To help make a judgement on what infection control practices needed to be stressed.<br><br>-Review data to determine clusters and trends.<br><br>-Include antibiotic stewardship program.<br><br>Review on 8/22/24 at 8:20 A.M. of the facility Infection Control book for tracking and trending showed:<br><br>-The book did not include 12 months of tracking and trending. The first month available for review was February 2024.<br><br>-The available logs did not include if the infections were facility-acquired or present upon admission to the facility.<br><br>-The available logs did not include if the infections were resolved and when.<br><br>-The available logs did not include the type of infectious organisms present.<br><br>-The available logs did not include the utilization of an antibiotic stewardship program.<br><br>During an interview on 8/22/24 at 9:22 A.M., the Director of Nursing (DON) said:<br><br>-He/She took over the Infection Control book in 2/24.<br><br>-The person previously responsible left in 3/23. He/She was not aware he/she was supposed to be responsible for the program until 2/24.<br><br>-He/She had not taken the Infection Preventionist course yet. He/She was not aware what information should be included in the tracking/trending logs other than what was on the monthly Infection/Antibiotic log.<br><br>3. A policy for resident TB testing and screening was requested but not received at the time of exit.<br><br>Review of Resident #73's face sheet showed he/she was admitted to the facility on [DATE].<br><br>Review of the resident's electronic medical record showed:<br><br>-No documentation a two step TB skin test was completed upon admission to the facility.<br><br>-A TB signs and symptoms assessment was completed on 7/17/24.<br><br>4. Review of Resident #6's face sheet showed he/she was admitted to the facility on [DATE].<br><br>(continued on next page) |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Review of the resident's electronic medical record showed his/her last TB assessment for yearly signs and symptoms assessment was completed on 1/17/23. No other assessments were located or provided by the facility.<br><br>5. During an interview on 8/22/24 at 10:26 A.M., the DON said:<br><br>-TB tests for residents should be completed by the admitting charge nurse upon admission to the facility. A second step should be administered two weeks later.<br><br>-Resident #73 should have had a two step TB skin test completed by now.<br><br>-Residents should be screened annually for signs and symptoms of TB and documented in their medical record.<br><br>-He/She did not know why there was not a more recent TB assessment for Resident #6. |

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| F 0881<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Implement a program that monitors antibiotic use.<br><br>32720<br><br>Based on interview and record review, the facility failed to develop and implement an antibiotic stewardship protocol/program and a system to monitor appropriate antibiotic use for residents. The facility census was 69 residents.<br><br>Review of the facility's Antibiotic Stewardship policy dated 2018 showed:<br><br>-The purpose of the policy included:<br><br>--To apply the best practice into a system to monitor antibiotic use.<br><br>--To implement protocols to ensure residents who require an antibiotic are prescribed the appropriate antibiotic.<br><br>--To monitor the use of antibiotics.<br><br>--To reduce the risk of adverse events, including development of antibiotic-resistant organisms, from unnecessary or inappropriate antibiotic use.<br><br>-Apply the revised McGreer criteria for assessing for the suspected infections for Upper Respiratory Infections (URI), Urinary Tract Infections (UTI), or other infections.<br><br>-Document the antibiotic prescribed is for the correct indication, dose, and duration to appropriately treat the resident.<br><br>-Implement Antibiotic Use Protocol: Antibiotic Prescribing Practices:<br><br>--Document indication, dose, and duration of the antibiotic.<br><br>--Review the laboratory results to determine if the antibiotic is indicated or needs to be adjusted.<br><br>--Monitor antibiotic use.<br><br>1. Review of the facility Infection Control tracking log on 8/22/24 at 8:29 A.M. showed:<br><br>-The tracking log did not include 12 months worth of infection tracking or antibiotic use logs. The only months available were 2/24, 3/24, 4/24, 5/24, 6/24, 7/24, and 8/24.<br><br>-The monthly logs included a page for each floor titled Infection/Antibiotic Log. Staff were to document the following on the Infection/Antibiotic Log:<br><br>--The date, room number, resident name, infection type, antibiotic name, order, labs (yes or no), and organism.<br><br>(continued on next page) |

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| F 0881<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -The log did not include any lab results or logs indicating signs or symptoms of infections for antibiotic use. No infectious organisms were identified.<br><br>-An antibiotic stewardship guide that included protocols for three common infections, UTIs, respiratory tract infections, and skin and soft tissue infections. The guide included criteria to be met as an indication to initiate antibiotic use for those infection types.<br><br>During an interview on 8/22/24 at 9:22 A.M., the Director of Nursing said:<br><br>-He/She had been in charge of the Infection Control tracking log and antibiotic stewardship program since 2/24.<br><br>-If an antibiotic was prescribed, he/she entered it on the log along with the resident room number, and type of infection such as wound, UTI, or pneumonia.<br><br>-If there was a lab or an X-ray, the results were added in the tracking book.<br><br>-He/She could not locate lab results or X-ray results in the tracking book.<br><br>-The tracking book did not include signs or symptoms of infections being treated with antibiotics. |

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| F 0882<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32720<br><br>Based on interview and record review, the facility failed to designate one or more individuals with the required primary professional training as the Infection Preventionist (IP) for the facility's Infection Prevention Control Program. The facility census was 69 residents.<br><br>The facility did not provide a policy regarding required primary professional training for the IP.<br><br>1. During an interview on 8/22/24 at 9:22 A.M., the Director of Nursing (DON) said:<br><br>-He/She was going to be the facility IP.<br><br>-He/She had not taken any of the certification classes for the IP role at this time.<br><br>During an interview on 8/22/24 at 9:38 A.M., the Administrator said:<br><br>-He/She had the IP certificate and dedicated two to three hours per week for Infection Control duties.<br><br>-His/Her degree was in Social Work. He/She did not have a degree in any of the approved primary professional medical trainings.<br><br>-The previous IP left the faciity on [DATE]. The current DON was going to be the primary IP but he/she had not taken the IP classes at this time. |